## P21000035900

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOODOK CO					
DOCUMENT NUM	IBER: P21000035900					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	ANDREI GOGULIA					
		Name of Contact Person				
	GOODOK CO					
		Firm/ Company	<del></del>			
	2500 PARKVIEW DR APT 1521					
	Address					
	HALLANDALE BEACH, FI	L33009				
	-	City/ State and Zip Code				
	GOODOK 1811@GMAIL.CO	DM				
		sed for future annual report i	notification)			
For further informati	on concerning this matter, pleas	se call: at ( 747	9988713			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:			
☐ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

GOODOK CO		Cl. 1. M. A. Planta Dest	-f.E+=+o)		
\ <u></u>	f Corporation as currently	filed with the Florida Dept.	or state)		
P21000035900	(Document Number of	Corporation (if known)	_		
Pursuant to the provisions of section 607, its Articles of Incorporation:	·	•	opts the following	g amendmen	it(s) to
A. If amending name, enter the new na	me of the corporation:			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" chartered." "professional association,"	"orp," "Inc," or "Co". A	ompany," or "incorporated" of professional corporation no	or the abbreviatio ime must contain	n "Corp.,"	
B. Enter new principal office address, (Principal office address MUST BE A S					
				1023 DC	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				:5 <del>1-</del> : <b>1</b> -	11 R 1
					ر در در
				72. ±	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr v registered office address	ess in Florida, enter the nan	ne of the	Ů	
Name of New Registered Agent	ANDREI GOGULIA				
rame of the wind games games	2500 PARKVIEW DR AP	Γ 1521			
	(Florida str	vet address)		-	
New Registered Office Address:	HALLANDALE BEACH		. Florida		
		(City)	(Zip C	Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	cred agent. I am familiar, v	evith and accept the obligation.  The egistered Agent, if changing	s of the position.	-	
Check if applicable	<i>F</i> \				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Add

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Cluef Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
	_	Mike Jones	
X Remove	<u>V</u>	Wike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	SCEO	ANDREI GOGULIA	2500 PARKVIEW DR
Add			APT 1521
Remove			Hallandale Beach, FL 33009
2) Change			
Add			
Remove Change			
			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			

tach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exch	ange reclassific	ation or canco	llation of issued :	charac	
provisions for implementing the amer	ndment if not co	ntained in the	amendment itsel	f:	
(if not applicable, indicate N/A)				<u></u>	
		<del></del>	<del></del>		
-	<del>-</del> -				
	-				
	<del></del>				

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
sace this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	lder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	•	
, <del></del>	(voting group)	
09/29/20 Dated	23 /	
selec	director, president or other officer - if directors or officers have noted, by an incorporator - if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	
	ANDREI GOGULIA	
	(Typed or printed name of person signing)	-
	CEO	
	(Title of person signing)	